

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **741867** (6)
1. Corporation Name
LAKEWOOD ON THE GREEN VILLAS ASSOCIATION, INC.



Principal Place of Business 5500 LAKEWOOD CIR NORTH MARGATE FL 33063		Mailing Address 5500 LAKEWOOD CIR NORTH MARGATE FL 33063	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/02/1978 4. FEI Number 59-1809145 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RUBENSTEIN, NORMAN G 5530 C LAKEWOOD CIRCLE SOUTH MARGATE FL 33063		10. Name and Address of New Registered Agent 81 Name JAMES A. MILES 82 Street Address (P.O. Box Number is Not Acceptable) 7686 WILES RD 83 84 City COVINGTON FL 85 Zip Code 33067	
--	--	--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE **James Miles** DATE **3/16/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZBERG, NATHAN 5482-F LAKEWOOD CIRCLE MARGATE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PMARTIN RICH-PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5400 C LAKEWOOD CIR MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SERVITTO, ED 5502B LAKEWOOD CIR. MARGATE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	BARBARA WILK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5470 B LAKEWOOD CIR MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULTAN, STANLEY 5502-A LAKEWOOD CIRCLE MARGATE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, JERRY 3108 LAKEWOOD CIRCLE MARGATE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOCHICCHIO, VINCENT 450 E. LAKEWOOD CIRCLE MARGATE FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	CHARLOTTE BACH-SEC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5550 G LAKEWOOD CIR MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUBENSTEIN NORMAN, G. 5530 LAKEWOOD CIRCLE MARGATE FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	PHY SADAUSTEIN-VIP. <input type="checkbox"/> Change <input type="checkbox"/> Addition 5410 E LAKEWOOD CIR MARGATE, FL 33063

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **NORMAN G. RUBENSTEIN** **NORMAN G. RUBENSTEIN** 2/11/98 954-973-9415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)